

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LVG ANTIGO (0009020)
Address: 915 FIRST AVENUE, ANTIGO, WI 54409
License Status: REGULAR
Licensed/Certified/Registered 03/19/2001
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096761 **End Date:** 03/10/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009532 Served 04/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING		

Survey ID: 0091689 **End Date:** 12/11/2003 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005275 Served 12/18/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.53(3)(b)	SWING DOORS ONE HAND AND ONE MOTION	02/13/2004	Yes

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Survey ID: 0091454 **End Date:** 10/02/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005254 Served 11/06/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)1	CONTROLLED SUBSTANCES	12/11/2003	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	12/11/2003	Yes
83.53(3)(b)	SWING DOORS ONE HAND AND ONE MOTION	12/11/2003	No

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Enforcement History

Date: 04/14/2006 **SOD #**10009532 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.15(1)(c)1

Date: 12/17/2003 **SOD #**10005275 **Appealed:** No

Sanctions

OTHER SANCTION
FORFEITURE---SOD #10005275 83.53(3)(b)

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LVG HAYWARD (0009028)

Address: 15497 PINWOOD DRIVE, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 12/01/2000

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095284 **End Date:** 06/24/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091285 **End Date:** 09/17/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005242 Served 10/20/2003

Deficiencies Cited
50.065(2)(bm)

Subject Area
OUT OF STATE BACKGROUND CHECKS

Compliance
Verified
12/01/2003

Corrected
Yes

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